

DEPARTMENT OF INDUSTRIAL RELATIONS

INDUSTRIAL MEDICAL COUNCIL

P.O. Box 8888

San Francisco, CA 94128-8888

Tel: (650) 737-2700 or 1-(800) 794-6900 Fax: (650) 737-2711



<date>

Fee Period: <start> - <end>

License Number: <license #>

Dear Dr.<doctor's name>:

Pursuant to Labor Code § 139.2(n) and 8 CCR, § 18, the Industrial Medical Council requires all physicians appointed or reappointed as Qualified Medical Evaluators (QMEs) to pay an annual fee. The QME fee is non-refundable.

\$250 FEE

QMEs who have conducted 25 or more comprehensive medical - legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

\$125 FEE

QMEs who have conducted 11-24 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

\$110 FEE

QMEs who have conducted 0-10 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

ADDITIONAL LOCATIONS

QMEs who perform evaluations at **more than one** medical office location are required to pay an additional \$100 per location (8 CCR, § 17). Misrepresentation of the number of evaluations performed or the number of additional locations shall constitute grounds for disciplinary proceedings (8 CCR, § 60).

Department of Industrial Relations
Industrial Medical Council

Location Fee Calculation Worksheet

<doctor's name>
License Number: <license #>

Street, City, State, Zip Code, Phone No.

[]

[]

[]

[]

Enter total Number of ALL location boxes checked > _____

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN.

_____ \$250.00 Primary fee for those physicians who have done
25 or more medical/legal evaluations.

_____ \$125.00 Primary fee for those physicians who have done
11-24 medical/legal evaluations.

_____ \$110.00 Primary fee for those physicians who have done
0-10 medical/legal evaluations.

_____ \$100.00 for each additional location(s).

Based on the amount of primary fee I have paid, I hereby
declare under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Physician's Signature

Date

RETURN THIS FORM WITH YOUR CHECK PAYABLE

TO:

IMC QME PROCESSING

P. O. BOX 8888

SAN FRANCISCO, CA 94128-8888